

Nebraska Department of Health & Human Services
Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509-4986
(402) 471-4376 Fax (402) 471-1066

ATTESTATION of Professional Liability Insurance

All APRNs who desire to practice advanced practice nursing must submit this ATTESTATION of Professional Liability Insurance prior to commencing practice.

APRN Name _____

Whereas the above named APRN has an Integrated Practice Agreement; and

Whereas the Board of APRN has determined that all APRNs shall maintain professional liability insurance to include \$200,000 per incident and \$600,000 aggregate per year.

Whereas the APRN has professional liability insurance in an amount that meets or exceeds \$200,000 per incident and \$600,000 aggregate per year.

Now therefore, be it resolved hereto that prior to commencing practice:

The above named APRN must furnish proof of professional liability insurance; and

That such professional liability insurance must be maintained in an amount that meets or exceeds \$200,000 per incident and \$600,000 aggregate per year.

That submission to the Department of Health & Human Services Regulation & Licensure, Credentialing Division this signed and verified ATTESTATION of Professional Liability Insurance shall serve to meet the requirement for the APRN to furnish proof of Professional Liability Insurance.

STATE OF _____
COUNTY OF _____

I, _____ being duly sworn, say that I am the person identified above as an Advanced Practice Registered Nurse (APRN) in the State of Nebraska; that I have and will maintain professional liability insurance including coverage and limits that meet or exceed \$200,000 per incident and \$600,000 aggregate per year; and that upon request will provide proof of such professional liability insurance.

Signature APRN _____